I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on June 3, 1998 Date: <u>June</u> 3, 1998 **PATENT** Attorney Docket No. 97-2 Applicant(s) Isy Goldwasser, et al. Title THE COMBINATORIAL SYNTHESIS OF **NOVEL MATERIALS** Serial No. 08/847,967 Filing Date April 22, 1997 Group Art Unit 1113 Examiner Not Assigned **Assistant Commissioner for Patents** Washington, D.C. 20231 TRANSMITTAL LETTER Sir: Transmitted herewith (check all that apply): [] Information Disclosure Statement [] Preliminary Amendment [] Response/Amendment [] Petition Under 37 CFR 1.97(d)(2) [] Response/Amendment After Final [] Formal Drawings [] Supplemental Amendment [] Declaration Under 37 CFR 1.131 [] Affidavits/Declarations [] Declaration Under 37 CFR 1.132 [] Declaration and Power of Attorney [] Terminal Disclaimer [] Supplemental Declaration [] Small Entity Statement [x] Power of Attorney [] Request for Refund [] Appeal [x] Change of Correspondence Address [x] Associate Power of Attorney [] Petition [] Response to Missing Parts [] Status Letter to be filed in the above-identified patent application.

Fee For Additional Claims:

[] A fee for additional claims is not required.

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The additional fee has been calculated as follows:

				Extra Claims		Fee from below		Fee Paid
Total Claims	-2	20**	=		X	\$11	=	\$
Independent Claims	-3	3**	=		X	\$41	=	\$
First Presentation of a Multiple						\$135	=	\$
Dependent Claim								
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**or number pro	eviously	paid,	if greater;	For Reissues	, see below

Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description
Code	(\$)	Code	(\$)	
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

[] A check in the amount of \$	in payment of the	e fee is transmitted herewith.
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[X] The Commissioner if hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 50-0490. A duplicate copy of this Transmittal Letter is transmitted herewith.

[] Please charge \$_____ to Deposit Account No. 50-0490 in payment of the fee. A duplicate copy of this Transmittal Letter is transmitted herewith.

Respectfully submitted,

Date: 6-3-18

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